REPORT REGARDING THE FEASIBILITY, COSTS AND OUTCOMES ASSOCIATED WITH THE PURSUIT OF ACCREDITATION BY THE NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION FOR CHILDREN, YOUTH AND FAMILIES

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I. INTRODUCTION

The New Hampshire Division for Children, Youth and Families (DCYF) is one of several state agencies that operates under the administration of the New Hampshire Department of Health and Human Services (DHHS), with the Division Director reporting directly to the DHHS Commissioner. The DCYF was first created in 1983 under the New Hampshire's Governor's Commission on Crime and Delinquency.[1] Legislation resulted from the work of this Commission which created an umbrella state agency that dealt with services for children. DCFY was given the authority and responsibility to provide services for children, youth, and families in areas that address:

- abuse and neglect;
- child care and child development;
- domestic violence.

DCYF manages protection and child development programs on behalf of New Hampshire's children, youth and families. This is accomplished with a staff of approximately 370 and a budget of $122 million. DCYF staff provides a range of family-centered services with the overall goal of meeting the needs of parents and children and strengthening the family system.

DCYF is organized into eleven functional areas: Child Protection; Child Care; Head Start; Family and Community-Based Services; Administrative Support; Clinical Services; Fiscal Services; Information Systems and Policy; Legal Services; Staff Development and Training; and, Quality Improvement. Services are located in the Administrative Offices and the 12 district offices located throughout New Hampshire's 10 counties.

DCYF has considered, for several years, the possibility of pursuing accreditation through the Council on Accreditation (COA). COA is a national, independent accreditor that currently accredits approximately 1400 public, private, voluntary and proprietary organizations that provide the full continuum of social and behavioral health care services.

[1] New Hampshire Division for Children, Youth and Families, Comprehensive Child and Family Services Plan, 2000-2004

The New Hampshire State Legislature required DCYF to submit a report to the Governor, New Hampshire Legislature and several other boards, no later than February 1, 2004, that addresses a projected timetable for achieving accreditation, staffing requirements, associated costs and outcomes of the impact of accreditation on the number of abused and neglected children, the nature of their abuse and neglect, and the relationships between families and abused and neglected children.[2]

The senior management of DCYF has requested the assistance of the CWLA, through its National Center for Field Consultation, in gathering the necessary information to form a professional opinion regarding DCYF's pursuit of accreditation and the questions posed in the Legislation. The report that follows is the result of that activity and is solely based upon the work of CWLA and the experience and expertise of CWLA staff relative to COA accreditation, best practice, quality improvement and outcomes management.

[2] New Hampshire Senate Bill 86, passed with amendment on 6/5/03, signed by the Governor on 6/30/03.

II. READINESS TO PURSUE ACCREDITATION

The questions posed in the New Hampshire Senate Bill would be difficult to answer without some context that addresses the readiness of DCYF to pursue the quality improvement goal of organizational accreditation. Issues of projected timelines to achieve accreditation, human and financial resources that may be needed, and possible outcomes can only be meaningfully answered with some baseline information. This baseline information begins to answer the question, "What are the organizational strengths and weaknesses relative to COA accreditation standards?", and sets the contextual reality in which to provide a viable response to that question.

To that end, two senior consultants from the Child Welfare League of America National Center for Field Consultation (NCFC) visited the Administrative Offices of DCYF, in Concord, from November 19 through November 21, 2003. The purpose of this visit was to assess, in a broad manner, certain critical functions and components of DCYF, as those areas relate to the appropriate COA standards[3]. The primary intent was to determine any dissonance between DCYF stated practice in certain critical administrative and management areas and accreditation standards and the impact that dissonance would have on the issues of timetable, resources and outcomes. A secondary intent of this assessment was to provide DCYF senior staff with information regarding system strengths and weaknesses as viewed from the COA accreditation perspective, and to indicate those DCYF-delivered services for which COA has specific service standards and for which DCYF could expect to be included in the accreditation process. During this period of time, the CWLA staff met with a number of key DCYF staff, read a variety of documents and reviewed a small number of case files. This activity was in addition to reviewing documents and data that were sent to the consultants prior to the visits.

It is important to note that the assessment which was completed was not intended to be an in-depth assessment of the entire DCYF system nor any specific component or service. It was designed to review certain key areas that experience has taught us can be the most challenging to public sector organizations as they move through the COA accreditation process and can take the most amount of time to address.

[3] Standards and Self-Study Manual, 7th Edition. Council on Accreditation. New York, NY. September 2001.

The primary areas reviewed included:

- continuous quality improvement processes;
- worker and supervisor workloads;
- staff training and performance evaluation; and,
- case records.

If DCYF applies for COA accreditation, there will indeed be substantially more areas and standards that will need to be addressed. However, as mentioned above, the listed areas have consistently proven the most difficult for public sector organizations to address or have taken the most time to bring even close to the expected standards of COA accreditation. Following are several major observations regarding the readiness of DCYF in these key areas.

Continuous Quality Improvement Processes

Arguably, the standards that comprise this area form the bedrock of the entire COA accreditation process. Rightfully so, COA assumes that a viable, organization-wide quality improvement process allows the organization to consistently and continually monitor its activities and engage all stakeholders in remediating areas of concern. The key elements that COA requires are:

- a written plan that describes the organizational quality improvement process, including time frames, assignment of responsibility for specific tasks and participation from all stakeholder groups, including consumers of services and staff of the agency;
- organization-wide long term planning;
- short-term planning, on the part of each program or functional area, which is supportive of the organization's long-range or strategic plan;
- case record reviews, that are completed at least quarterly for all services provided directly by the organization, that monitor the quality of the service being delivered, and that monitor for compliance or "paperwork" issues;
- outcomes and consumer satisfaction that are measured for all services provided directly by the organization;

- collection of data that is necessary to effectively plan, manage, and evaluate programs and services;
- clear, accurate and timely reporting of collected information to all stakeholders; and,
- continual action to improve services and produce solutions to the issues identified by the organization's continuous quality improvement activities.

Overall, DCYF is in an excellent position regarding those quality improvement process elements required by COA. Already there exists an organizational culture that incorporates quality improvement activities into the day-to-day business of DCYF. The DCYF Bureau of Quality Improvement has been established for a number of years and staff within that Bureau is already delivering much of what COA would expect. However, there will need to be effort made at incorporating all of the individual quality improvement elements that are in place into one written, cohesive and organization-wide continuous quality improvement plan.

A case review process, which includes an exemplary case practice review instrument, was recently begun and over time will sample cases in all district offices across all service areas. Thought will need to be given to increasing the size of the sample in order to come closer to the COA expectation, and to developing a method for feeding back into the quality improvement process aggregate data that are collected during the individual case practice reviews.

Long-term plans in the form of the Comprehensive Child and Family Services Plan (Title IV-B) and the federal Child and Family Services Review Performance Improvement Plan are already in place or will be developed by the time of application to COA. The combination of these two plans alone will address the required COA elements for long-range planning and any additions that DCYF wishes to make will only enhance this planning tool. The one area that DCYF will need to address for COA will be the development of program and functional area specific short-term plans, with annual timeframes, that are in support of the DCYF long-term plan.

Information is currently collected and reported in a manner that appears useful to DCYF management and other stakeholders. Benchmarks have been created for all service areas, including a cost-per-child benchmark and those benchmarks are tracked on a monthly basis.

DCYF will need to include other data that have been generated or will be available from the quality improvement process into a collection-analysis-reporting methodology for ongoing review.

Currently, DCYF is measuring their performance against the national standards promoted through the federal Child and Family Services Review. While this is a very important and noteworthy activity, these standards are not outcomes in the true sense of the concept. DCYF will need to develop, or extrapolate from other external sources, outcome measures for each of the services directly provided by Division staff. In addition, as a public sector organization that partners with community providers to deliver services to children and families on behalf of DCYF, there will need to be some discussion regarding the development of outcome measures for those services.

Worker and Supervisor Workloads

COA requires that agencies organize and deploy sufficient human resources to provide appropriate services and ensure optimal outcomes for consumers. At this point, it is important to mention the difference between "caseload" and "workload". Although the field could benefit from a standardized caseload/workload model, currently there is no tested and universally accepted formula. A U.S. Children's Bureau document, Workload Standards for Children and Family Social Services[4], differentiates caseload and workload measures as follows: (1) caseloads are defined as the amount of time workers devote to direct contacts with clients; and (2) workloads are defined as the amount of time required to perform a specific task. COA views "caseload" as both direct and collateral contact with or on behalf of a client and unfortunately is virtually silent on the issue of "workload". In addition, COA defines a "case" as a family for some services and as an individual, child or adult for other services

COA views the workload of supervisors also as important, if not more important, than the workload of those they supervise. Recent studies on the vitally important role that supervisors

[4] Developing Workload Standards for Children and Family Social Services. Prepared by Peat, Marwick, Mitchell, and Co., in association with CWLA, for the United States Department of Health, Education, and Welfare, 1978.

have in the quality of the work performed by direct care staff and the retention of direct care staff highlight this issue.[5,6]

Throughout the accreditation standards that relate to specific types of services, such as foster family care, child protection, adoption, etc., COA requires specific worker and supervisor caseloads for some, but not all, of the services that COA accredits. Currently, there are three COA services for which DCYF will need to address specific worker or supervisor caseload standards. There will be other services for which DCYF will seek accreditation but those services do not have any specific caseload requirements. The service sections that do have the specific caseload standards include: Adoption Services, Child Protective Service, and Foster and Kinship Care Services.[7] In the Tables that follow, COA caseload standards and DCYF practice are compared.

Table 1

Adoption Services

Council on Accreditation	NH Division for Children, Youth and families
S14.10.05[8] The organization structures its services so that adoption caseloads: a) do not exceed 25 families per worker when counseling birth families, preparing and assessing adoptive applicants for infant placements, and supporting these families following placement; b) do not exceed 12 children per worker when preparing children for adoption who are older or who have special needs; c) do not exceed 15 families per worker when preparing and assessing adoptive applicants for the placement of children who are older or have special needs and providing support to these families following placement; and. d) are adjusted for case complexity, travel, and non-direct service time.	Practice On-average 8.5 children, who are freed for adoption, per Permanency Services worker. Permanency workers are assigned other non-adoption but permanency focused cases.

[5] Child Welfare: HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff. Prepared by the United States General Accounting Office. March 2003.
[6] The Unsolved Challenge of System Reform: The Condition of the Frontline Human Services Workforce. The Annie E. Casey Foundation. Baltimore, MD. 2003
[7] The Foster and Kinship Care Services standards include, among others, Foster Family Care, Formal Kinship Care and Informal Kinship Care all of which DCYF staff provide directly.
[8] Summaries of the COA Administrative and Management, and appropriate Service Sections are included in the Appendix to this report.

Table 2

Child Protective Services

Council on Accreditation	NH Division for Children, Youth and Families
Standard S10.7.07 Under no circumstances does a child protective worker's caseload exceed: a) 15 cases at one time that involve intensive intervention or investigation; b) 30 cases at one time that involve case coordination, continuing services, or follow-up; and/or c) a proportionate mix of the above.	Practice On-average 24.3 cases per CPSW, which are a mix of active investigations and cases where the assessment has been completed but the worker is awaiting action by a third party thus causing the case to remain open on caseloads.
Standard S10.7.06 The organization adjusts caseload size based on: a) the complexity of cases; b) the range of family support services made available to augment the worker's role; c) the number of cases per worker at any given time, that involve investigation or intensive intervention, travel, and other non-direct service time to fulfill the worker's responsibilities; and, d) effective and responsible execution of the organization's statutory responsibilities.	Practice Caseloads are reduced for new workers
S10.7.05 A child protective service supervisor is responsible for supervising no more than: a) seven workers who are experienced and professionally trained; and/or b) five workers who have less professional education and experience.	Practice On-average 6 CPSW per CPSW Coordinator regardless of worker's experience or professional training. However, 10 of the 23 District Office CPSW Coordinators have a workload of 1:7 or higher.

Table 3

Foster and Kinship Care Services

Council on Accreditation	NH Division for Children, Youth and Families
S21.11.03 Caseloads for family foster and kinship workers do not exceed 18 children, and workers are able to perform their functions within these guidelines.	Practice On-average 6.3 family foster care cases per CPSW. However, most CPSWs have a mixed caseload that includes in-home and case management cases that increases the average caseload to 19.6 cases per CPSW.
S21.11.04 The organization adjusts caseload size according to case complexity, travel or other non-direct service time, and the range of family support services made available to complement the worker's role.	Practice Adjustments are made for case complexity and travel.
S21.29.04 Kinship care caseload sizes do not exceed 12-15 families per worker. **Note:** Reviewers may vary caseload limits set by rating indicators if the organization can demonstrate that: 1) its workers do not have responsibility for a major, routine component of case work (i.e., planning); and, 2) a time study has been done to adequately justify the organization's caseload limits.	Practice No adjustment made for kinship care cases.

The recent authorization to hire 43 additional staff, most of whom will be direct care staff, is one of several factors that cause the CWLA consultants to believe that DCYF will be very close in reality, if not at least in intent, to COA standards for direct care staff. The additional factors that support this belief include:

- the current transition to staffing each district office with at least one worker specializing in permanency thus, in essence, doubling the number of workers focused on adoption services or other permanency goals;
- the use of Structured Decision Making (SDM) during the Child Protective Assessment. Not only is SDM a set of tools social workers use to improve decision making and to target resources for families most at risk of harming their children, it is also objective, comprehensive and easy to use in both traditional and alternative responses to concerns

about child abuse and neglect that at its basics is a family assessment instrument. This allows DCYF to appropriately define an Assessment case as a "family" rather than defining each case as an individual child;

- the comprehensive and integrated involvement of critical Medical, Educational and Mental Health services provided by the Bureau of Clinical Services;
- the serious intent of DCYF leadership to pursue COA accreditation.

However, the CWLA consultants do not have the same comfort level related to the supervisor staffing level. Accreditation issues aside, a supervisor–worker ratio that does not approach best practice sets the stage for troublesome case practice and undermines the great strides made by DCYF to date. Current literature abounds with data that directly link a solid and quality supervisory structure, with a supervisor-worker ratio of 1:6-7 for most service areas, with quality services to consumers, worker retention, fewer case crises and greater buy-in and adherence to organizational mission and values.

Staff Training and Performance Evaluation

COA requires that all new staff are oriented to the mission, objectives, policies, services and resources of the organization. Further, the standards require that a training program is provided or arranged that: enables staff to enhance their knowledge, skills, and abilities; ensures that personnel are appropriately trained to assume their responsibilities; and promotes awareness of and sensitivity to cultural backgrounds and needs. A staff development and training program ensures that direct service staff and immediate supervisors implement the organization's mission and are competent in service provision. The organization will assume professional responsibility for the quality of work performed by staff, staff will be held accountable for their work performances and the organization will ensure that supervisors effectively manage and support personnel.

Through the support services provided by the Bureau of Staff Development and Training, DCYF will be well-positioned relative to COA expectations in this important area and should have no major issues with these standards. The two-day mandatory orientation, the 27-day Core Training and the mentoring component are far superior to many public sector organizations

and will exceed COA requirements, in many instances. The DCYF required 30 hours of on-going training, a wide array of scheduled training opportunities and the use of the annual performance evaluation to tailor professional development to individual goals and objectives, underscore the firm DCYF commitment to supporting staff through training and professional development opportunities, which has truly created a learning environment.

DCYF will need to add some isolated and service specific training to address COA requirements but unlike many other jurisdictions that struggle with the concept of professional development and the association with quality case practice, DCYF is far advanced in this area.

Case Records

COA standards require that case records are maintained for each person, family or group served and the records contain information necessary to provide appropriate services, protect the organization and comply with legal requirements. Information to be included in the case record should include an intake assessment, a basic assessment or a comprehensive psychosocial assessment according to consumer needs and the services provided; a written service plan that is developed in a timely manner for each person or family serviced that is based on the findings of the assessments; on-going case notes that detail the progress or obstacles in implementing the service plans; supervisor notes that indicate case related supervision, monitoring and guidance; a written and detailed aftercare plan and other information or material that is important in detailing the safety, well-being and permanency of children, and the efforts of family members in realizing the reunification of children with their families.

One of the CWLA consultants reviewed a very small sample of DCYF case records utilizing the online system. The formats for many of the required items were available but in the small sample reviewed the forms were not completed or not completed fully. Experience has shown that in spite of good policy, procedures and protocol that outline the need for and requirements of necessary content of case records, implementation across numerous field offices is often inconsistent. If this is the case for DCYF, then there will need to be work done in this area in order to satisfy the requirements of COA standards. The current implementation of the Case Practice Reviews will verify quickly if this is an issue that is systemic and needs more focused

Attention. The substantial ability to provide meaningful and timely professional development and training to staff can just as quickly provide the groundwork for remediation.

Summary

The CWLA consultants believe that DCYF provides the following DCYF-delivered services (and the corresponding set of COA service standards) and these services should be expected to be included in the accreditation process:

- Case Management (Case Management Services, S5)
- Intake and Assessment (Child Protective Services, S10)
- Adoption (Adoption Services, S14)
- Permanency Plus (Family-Centered Casework, S20)
- Foster Family Care and Kinship Care (Foster and Kinship Care Services, S21)
- Adolescent Aftercare (Supported Community Living Services, S23)

The New Hampshire Division for Children, Youth and Families is in a very good position to pursue and successfully achieve accreditation through the Council on Accreditation. The recent accreditation assessment performed by the Child Welfare League of America revealed an organization that has already developed and implemented systems and supports that are not only of a high-quality nature in their own right but are already convergent with many COA standards. While other state-administered child welfare systems are struggling to maintain even the basics of adequate practice, let alone best practice, DCYF has quietly developed a system of care and a positive organizational culture that would be sought by other public sector organizations.

The leadership within DCYF has clearly articulated a vision that at its core cherishes children, families and their communities and values and supports the DCYF workforce. The DCYF leadership has viewed accreditation as a unifying activity that will coalesce all of the quality improvement initiatives and bring this organization to an even higher level of quality performance. That theme has been consistent, is echoed by many other DCYF senior and middle managers and appears to have permeated day-to-day activities.

Notwithstanding the above, DCYF can be expected to expend effort in achieving COA accreditation. Indeed there is work to be done and there is no doubt that implementation is uneven across the entire system. But these issues are more easily overcome than attempting to develop and implement a number of the more critical elements in the COA accreditation process within a culture that is resistant to change and afraid of reviewing its policies, procedure, protocols and practices against best practice benchmarks. This is clearly not the case with DCYF - it is a quality organization.

The CWLA consultants believe that DCYF is in a position to apply for COA accreditation at any point in the future, and, in so doing, will become the first state-administered child welfare system in the Northeast to gain COA accreditation.

III. STAFFING REQUIREMENTS, PROJECTED TIMETABLE AND COSTS

Staffing Requirements

Normally, organizations that contemplate accreditation through COA are faced with two human resource issues. The first issue is the staffing needed by the organization to coordinate their accreditation efforts and the staff time needed to self-assess organizational congruence with the COA standards; to revise, develop and implement needed policy, procedures or protocols; and, the time needed to assemble the required COA Self-study materials and prepare for the COA Site Visit. The second issue is additional staffing that may be needed to address COA educational, experiential or workload requirements. While both issues are important to resolve, within the context of COA accreditation, it is the second issue that is usually the most concerning for organizations and the issue that is the most misunderstood.

The staff member within an organization that will become the accreditation coordinator is critical to the ultimate success of achieving accreditation. In our experience, assigning a staff member with lead responsibility for the accreditation efforts and the commitment of organizational leadership to the accreditation process are the two most critical factors in determining an organization's success at navigating the accreditation process and ultimately achieving this quality benchmark. Depending upon the size and complexity of the organization, a staff person with lead accreditation responsibility from .25 FTE to 1.0 FTE is necessary for most organizations. NH DCYF has already identified a staff member within the Bureau of Quality Improvement to be their Accreditation Coordinator. Should the decision be made to actively pursue COA accreditation, this staff member will be able to devote most of her work time to this effort. This staff person has a comprehensive understanding of the COA accreditation process, a full understanding of what needs to be accomplished to achieve accreditation, and the skills and position within the organization to get the job done. Therefore, this is not a staffing expense DCYF will need to incur. The amount of additional staff time required to prepare the COA Self-study and prepare for the COA site visit will be dependent on the desire and efforts to make this quality improvement process organization-wide in its implementation. It is always the recommendation of CWLA to allow this process to go as deep into the organization as is possible. The true value of this accreditation process is the organizational

awareness of systemic strengths and weaknesses and organizational efforts to improve upon those areas collectively identified as needing improvement.

All too often, organizations are reluctant to pursue COA accreditation because they become concerned with specific staff educational, experiential or workload requirements. The related COA standards will be translated by the organization into the need to hire additional staff, which quickly becomes a costly endeavor. COA requires, and CWLA recommends, that organizations approach every accreditation standard with the goal of achieving either full or substantial compliance.[9] However, relative to the staffing related standards there are several important accreditation process items:

- COA utilizes a weighting system to determine accreditation status and organizations do not need to be in compliance with every standard to become accredited;
- Human resource standards that have specific educational or experiential requirements will not necessitate the dismissal of existing job holders, who may not meet those requirements, but will require the revision of job descriptions and job requirements for future employees for those positions;
- Caseload/workload requirements for specific direct care and supervisory staff will not require the immediate hiring of new staff but will require a proactive plan designed to reach compliance in this area;
- COA will be more concerned with an organizational approach that meets the intent of their standards rather than simply accepting non-compliance;
- The COA accreditation process is of a prospective rather than retrospective nature – that is, organizations need to make changes from some future date onward.

As previously indicated, the recent authorization to hire 43 new positions, the organizational decision to have at least one Permanency Services and one Adolescent Services worker in each of the District Offices will bring DCYF close to the intent and reality of the COA direct care worker caseloads. The CWLA consultants did hear some information about individual workers

[9] COA utilizes a four-point compliance scale to rate each of their standards – full compliance, substantial compliance, partial compliance and non-compliance. The first two ratings, full and substantial compliance, are considered "in compliance" ratings and the last two ratings, partial and non-compliance, are considered "out of compliance" ratings.

in some offices with much higher caseloads and this is an area that should be addressed by State Office and District Office staff. We would also recommend that individual worker caseloads be monitored in a similar manner as other DCYF benchmarks. DCYF cannot use an average caseload across the entire system to satisfy COA staffing requirement nor does DCYF need to have all of their Child Protection Social Work staff at or below the COA requirements. DCYF does need to demonstrate that they are tracking individual caseloads, overall have caseloads that meet or come close to the COA requirements, are aware of caseload "spikes" and have procedures in place to address these anomalies as they occur.

In assessing the NH DCYF supervisor-worker ratio, it is important to begin with a clarification of terms used by COA and NH DCYF. When COA addresses supervisor workloads and supervisor oversight and case monitoring responsibility they are talking about that staff member within an organization whose primary responsibility is to provide clinical and case work support and oversight to direct care staff, who provides case monitoring functions and has responsibility for sign-off for case plans and case activity. Within the NH DYCF system, this staff person is the CPSW Coordinator located, in varying numbers, throughout the various District Offices. For each District Office, DCYF has one Supervisor, who has prime responsibility as the DCYF administrator in that particular District Office. This staff member, by design, should not carry either a case load nor have prime and on-going clinical and case management supervision for CPSWs. Their function is intended to be administrative with responsibility for DCYF activities at the District Office level, coordination with other NH state services within the District Office and community outreach and relations.

As indicated in the following Table, a review of the CPSW and CPSW Coordinator staffing level within the 12 DCYF District Offices shows that, on average, the coordinator to worker ratio is 1:6, with a range of 1:3.5 to 1:8. A further examination indicates that for those offices that have a Unit established to exclusively provide CPS assessments[10], the supervisor to worker ratio averages 1:5.5, with a range of 1:5 to 1:6, which is in compliance with COA standards for Child Protection Services (S10).

[10] Claremont, Concord, Keene, Manchester, Nashua, and Rochester

Ten of the 23 District Office CPSW Coordinators, almost 45%, have a workload of 1:7, with one Coordinator carrying a workload ratio of 1:8. However, even in this particular situation, which exists in the Manchester Office, there appears to be some flexibility to reduce this ratio to a more manageable level.

Table 4

District Office CPSW Supervisor – CPSW Ratios[11]

Office	Number of Coordinators	Number of CPSWs	DO Coordinator/ CPSW Ratio	DO Supervisor / CPSW Ratio	DO Supervisor/ Staff Ratio
Berlin	1	10	1:5	1:5	1:7
Claremont	2	15	1:7 & 1:6*	1:2	1:5
Concord	3	18	1:7, 1:5 & 1:4*	1:2	1:5
Conway	1	10	1:5	1:5	1:7
Keene	2	16	1:7 & 1:6*	1:3	1:6
Laconia	1	13	1:7	1:6	1:8
Littleton	1	8	1:4	1:4	1:6
Manchester	4	22.5	1:8, 1:6, 1:5* & 1:3.5	NA	1:5
Nashua	3	22	1:7, 1:7 & 1:5*	1:3	1:8
Portsmouth	2	17	1:7 & 1:6	1:4	1:7
Rochester	2	16	1:7 & 1:6*	1:3	1:6
Salem	1	12	1:7	1:5	1:7
Total or Avg. Ratio	**23**	**179.5**	**1:6**	**1:3.8**	**1:6.5**

***** Denotes a DCYF District Office Unit (CPSW Coordinator and CPSWs) that are exclusively responsible for CPS Assessments.

[11] Figures do not include the Central Intake Unit which operates from the DYCF Central Office, and handles all of the CPS Screening and/or Hotline calls.

While this supervisor to worker ratio would meet both COA standards and the test of best practice, there are 42 CPSWs that have the District Office Supervisor, not a CPSW Coordinator, as their primary case work supervisor. This situation exists in every District Office, except Manchester, and results in a ratio of 1:3.8, on average, with a range of 1:2 to 1:6. When additional DCYF staff are included in the ratio for the DCYF Supervisor, the average workload increases to 1:6.5, on average, with a range of 1:5 to 1:8. This ratio, since it does include and involve direct care staff, would not meet the requirements of the COA standards. In the Conway District Office, for example, the DCYF Supervisor has responsibility for the all of the CPS assessment staff, in addition to other supervisory oversight and administrative responsibilities. This raises the questions of an overextended span of control, ability to attend to administrative responsibilities, and external responsibilities, such as community focused relations and building community partnerships to enhance the work of DCYF and provide a stronger network for children and families.

DCYF has several options available to address this situation. The options include:

- The use of CPSW III staff to help reduce the use of District Office Supervisors as primary case supervisors, pending a revision of job qualifications and job requirements;
- The shifting of CPSW supervision from District Office Supervisors to CPSW Coordinators with ratios lower than 1:5;
- Hiring of additional CPSW Coordinators to assume supervisory responsibility for the 42 CPSWs currently supervised by District Office Supervisors.

CWLA would recommend a combination of the above options including the hiring of at least four (4) additional CPWS Coordinators, who could be placed strategically in those District Offices the most in need.

Timetable

The timetable to accomplish any staffing requirements does not need to be completed by the time of the submission of the COA Self-study or the COA Site Visit. What does need to occur is a plan, including any revised job descriptions and job qualifications, addressing the supervisory workload issue needs to be articulated and implementation of that plan needs to begin by time the COA Site Visit.

Included in the Appendix is a possible, yet conservative, timetable for achieving COA accreditation. This timetable presumes a formal application to COA in July 2004, a Self-study that is submitted in April 2005, a Site Visit that occurs in June 2005 and an accreditation decision that is rendered in December 2005. A shorter or longer timetable is possible through negotiations with COA but the attached example provides DCYF with ample time to complete the work necessary for COA, including meeting any staffing requirements.

Costs

The potential costs for achieving COA accreditation fall within three general categories:

- Accreditation costs payable to COA;
- Costs associated with preparing the COA Self-Study and preparing for the COA Site Visit;
- Costs associated with bringing DCYF into compliance with COA standards.

The basic costs that are payable to COA include the accreditation application fee; the accreditation fee and the costs to cover the travel expenses for the COA peer reviewers to complete the site visit. The accreditation fee is based upon the organization's annual gross revenues at the time of application to COA. COA will reduce this figure by the amount of pass through funds associated with foster care payments/subsidized adoption payments; revenue generated from service areas that are not accreditable by COA; funding areas that would have no direct or indirect relationship with the delivery of services or the administration of services being accredited; and pass through funds to contract providers. Using the COA formula, the current DCYF budget of approximately $122 million would be reduced to approximately $22 million as

the base for calculating the COA accreditation fee. This fee, which is based on a sliding scale, is further reduced by 25% because NH DCYF is a member of CWLA.

The site visit cost is a flat fee of $1600 per peer reviewer for a two-day site visit, plus $200 per day for each day beyond two days per reviewer. The CWLA consultants estimate that the DCYF site visit would utilize four peer reviewers for four days.

Table 5 which follows summarizes estimated costs payable to COA.

Table 5
Estimated Accreditation Costs Payable to COA

Cost Item	Cost	Comments
Application Fee	$600	For new applicants only
Accreditation Fee	$17,200	Fee has been discounted by 25% based upon CWLA membership
Site Visit Fees	$8,000	Estimated at four reviewers for four days.
Maintenance of Accreditation Fee	$750	$250 per year for the three years between accreditation applications
Total	**$26,550**	**Estimated costs for the COA 4-year accreditation cycle**

CWLA has estimated COA accreditation fees based upon public information provided by COA. Final costs related to accreditation will be solely determined by COA, in collaboration with DCYF.

The largest cost associated with accomplishing the work necessary for COA accreditation is for the COA Coordinator. Since this position is already on staff with DCYF, the remaining hard cost would be the cost associated with reproducing the necessary number of Self-studies. CWLA estimates the cost of reproducing the Self-study to be $1,500, exclusive of labor.

Public sector organizations often purchase consultation to assist them in achieving accreditation or addressing specific elements of COA accreditation. While desirable and helpful, consultation is not necessary to achieve accreditation. This cost has not been included in this cost estimation.

The major costs CWLA envisions for DCYF in addressing compliance with the COA standards would be those costs associated with hiring additional CPSW Coordinators. Using the CWLA recommendation of four additional Coordinators, an average base salary of $35,000 and Employee Benefits of 37%, the total cost for this initiative would be $191,800. To reiterate, this course of action does not need to be completed in the immediate future but implementation of the plan should begin, if not completed, by December 2005.

The following Table summarizes the major costs areas for DCYF in pursuing and achieving accreditation. There will be unforeseen costs and incidental costs that will increase this amount, however, in the opinion of the CWLA consultants, the estimated total is a moderate cost for a state-administered child welfare agency.

Table 6
Summary of Costs Estimated to Achieve COA Accreditation

Cost Item	Cost	Comments
COA Accreditation Costs	$26,550	
Preparation Costs	$1,500	Exclusive of labor
Compliance Costs	$191,800	
Total	**$219,800**	

IV. ACCREDITATION OUTCOMES FOR NEW HAMPSHIRE CHILDREN AND FAMILIES

An amendment to NH Senate Bill 86 requires NH DCYF to report back to the NH legislature, among other stakeholders, on the development of outcomes that COA accreditation may have for the children and families of New Hampshire. Specifically, the legislation required DCYF to:

1. Assess the impact of accreditation on the number of abused and neglected children;
2. Assess the impact of accreditation on the nature of their abuse and neglect;
3. Assess the impact of accreditation on the relationships between such children and their families.

The development of outcomes related to pursuing, achieving and maintaining national accreditation, and the management of those outcomes is an admirable and worthwhile task. Measuring results, developing clear outcome measures to guide and evaluate organizational efforts, increases the likelihood that services will provide positive results for children and families. However, the outcomes required in Senate Bill 86 create a dilemma for DCYF. First, DCYF is asked to measure impacts based on a process that has not yet occurred, and for which the Division currently has not received the authority to pursue. Second, DCYF is asked to measure impacts in two areas over which it has no control and COA accreditation cannot address. The number of abused and neglected children and the nature of their abuse is not the sole responsibility of DCYF. Significantly improving the health, safety and development of all of New Hampshire's children will take the talents, hard work, and long-term commitment of people from all walks of life. Across the state, communities and their elected leaders must expand and intensify their efforts to provide avenues for children and youth to succeed. Giving all children the opportunity to grow up healthy and strong will require flexibility, tenacity, teamwork, and a willingness to invest sufficient resources to get the job done.[12]

Community awareness, community outreach, public education and development of partnerships are areas that can have an impact of the number of abused and neglected children and the nature of their abuse and all areas are addressed in some fashion by the COA standards. These areas are

[12] Child Welfare League of America. (2003). *Making Children a National Priority: A Framework for Community Action.* Washington, DC: CWLA Press.

impacted even more by the availability of the individual District Office Supervisors to engage in the necessary community outreach and be relieved from ongoing case supervision.[13].

While DCYF may not be able to control the unknown number and nature of abused and neglected children, the Division can address and measure the results of, and COA accreditation can impact, staff efforts for those children and families who are made known to the Division. DCYF staff, in consultation with CWLA, believes that the underlying question posed in Senate Bill 86 is "Will COA accreditation have an impact on the safety, well-being and permanency efforts for abused and neglected children made known to DCYF?" We believe that the answer to that question is "yes" and have developed three outcomes with 14 indicators to measure that impact.

COA does require organizations to develop and measure outcomes and has specific standards that address this requirement. In general, COA requires that the organization, in each of its programs and on an ongoing basis, measures service outcomes and the achievement of service goals for all persons served, including at least one of the following: change in clinical status; change in functional status; health, welfare, and safety; permanency of life situation; and another quality of life indicator of the organization's choice.

In developing the outcomes, a small working group, consisting of DCYF Bureau of Quality Improvement and program staff, and the CWLA consultant, established several broad criteria to guide its work:

- The outcome measures needed to use existing data sources;
- The outcome measures needed, whenever possible, to support the efforts reflected in the Child and Family Service Review Program Improvement Plan;
- The outcome measures needed to address the safety, well-being and permanency efforts for those children in the care or custody of DCYF;
- The outcome measures needed to be supported by COA standards.

[13] Refer to the discussion of supervisory workloads in Section III of this report.

The working group believes that the above criteria have been met for all of the outcomes that follow:

Outcome #1 – Children are protected from abuse and neglect

Indicator 1.1 – Initiation of the first contact with a child, who is the alleged victim of abuse or neglect, will occur, as outlined by policy, in 100% of cases.

Indicator 1.2 – Abuse and neglect assessments will be completed within the required 60-day timeframe in, at least, 85% of cases.

Indicator 1.3 – Instances of repeat maltreatment, as defined in the Child and Family Service Review, will be 2.5% or lower.

Indicator 1.4 - Children are removed from unsafe living arrangements in 100% of those cases that warrant such a removal.

Outcome #2 – Children are safely maintained in their own homes, when possible and appropriate.

Indicator 2.1 – Data regarding the type of abuse or neglect situations indicated by DCYF will be collected and reported in 100% of founded assessments.

Indicator 2.2 – A comprehensive Family Assessment, including a Risk Assessment and a Safety Assessment, will be completed for 100% of screened-in reports of child abuse or neglect.

Indicator 2.3 – Services to family members, as indicated by the comprehensive Family Assessment, will be provided or arranged in 90% of cases.

Indicator 2.4 – Risk of harm to children and efforts to keep families intact are managed by DCYF through the timely development of a family-centered case plan in 90% of cases.

Outcome #3 – Relationships between children and families are maintained.

Indicator 3.1 – Families and children, whenever appropriate, will be actively involved in developing their case plans in 90% of cases.

Indicator 3.2 – Visiting schedule and arrangements, between children in out-of-home care and their families and siblings, will be indicated in the family-centered case plan in 100% of cases.

Indicator 3.3 – Children in the care of DCYF, other than Low-Risk cases as determined by the SDM process, who are within the state, will have a face-to-face contact with a DCYF worker, at least, monthly in 90% of cases.

Indicator 3.4 – Children in the care of DCYF, who are outside of the state, will have a face-to-face contact with a professional, at least, monthly in 90% of cases.

Indicator 3.5 – Families of children in the care of DCYF will have, as appropriate, at least monthly face-to-face contact by a DCYF worker in 90% of cases.

Indicator 3.6 – Maternal and paternal relatives of children will be explored as placement resources in 90% of cases.

V. CONCLUSION AND RECOMMENDATIONS

The New Hampshire Division for Children, Youth and Families (DCYF) was required by Senate Bill 86 to submit a report by February 1, 2004 to the Governor, the President of the Senate, the Chairs of the Finance and Public Institutions, and Health and Human Services Committees of the Senate, the Speaker of the House of Representatives, the Chairs of the Finance, and Children and Family Law Committees of the House of Representatives, the Legislative Budget Assistant, the Advisory Board, and the Child Fatality Review Committee, regarding the feasibility, costs and possible outcomes associated with the Division's pursuit of accreditation through the Council on Accreditation.

DCYF engaged the Child Welfare League of America (CWLA) through its National Center for Field Consultation (NCFC) to prepare an independent and objective report that addresses the questions posed in Senate Bill 86. CWLA consultants began this work on November 19, 2003 with a two and one-half day accreditation readiness assessment visit, and completed their work on January 30, 2004 with a meeting with the Commissioner of the Department of Health and Human Services and the Director of the Division for Children, Youth and Families to review the final report.

The CWLA consultants have concluded, as a result of their work, that DCYF is well positioned, organizationally, to pursue COA accreditation, could submit a formal application to COA at any point in the future, and would be successful in its pursuit of accreditation. DCYF is a quality organization, where the senior leadership views accreditation as a quality improvement activity rather than a "paper chase". Many of the more troublesome elements of the accreditation process have already been addressed by DCYF, in one manner or another, and groundwork has already been established that will allow compliance with accreditation standards to be less arduous than usual.

CWLA consultants estimate that DCYF could achieve accreditation within a 14-16 month timeframe and that the hard costs needed to achieve accreditation are relatively moderate. The largest cost item is resolving, what the CWLA consultants believe, is a brewing crisis with case

supervision that has been created by shifting the prime case supervision for almost 25% of the CPSW workforce to DCYF Supervisors within each District Office. Even within this evolving dilemma, DCYF senior leadership has attempted to address the intent of best practice and quality case work supervisory practice.

A CWLA consultant, in collaboration with staff from the DCYF Bureau of Quality Improvement and program staff, have developed 14 indicators, embedded within three outcomes, that will measure the impact of DCYF becoming accredited on the safety, well-being and permanence of children. The outcomes utilize existing DCYF data sources and efforts to address the findings from the Child and Family Services Review, thus conserving resources and saving time.

There remains work to be done to achieve accreditation. DCYF policies, procedures and protocols will need to be reviewed and revised, when necessary, to adhere to accreditation standards, and, in some instances, new policies will need to be developed. Systems and processes will need to be instituted that will allow organization-wide awareness of accreditation, its organizational value and any change that is accreditation or best practice driven.

DCYF is a wonderful example of a "can do" culture, created by outstanding leadership and the belief in a learning environment. The CWLA consultants are confident that DCYF will become the first state-administered system in the Northeast to achieve COA accreditation.

<u>Recommendations</u>

1. Develop an Accreditation Steering Group and an accreditation action plan that allows participation from all levels of DCYF.
2. Develop a written continuous quality improvement plan that builds upon the quality improvement systems already in place and incorporates additional elements required by COA.
3. Develop a strategy for increasing the number of cases that are reviewed using the newly implemented Case Review Process.
4. Create a method for developing program and functional area specific short-term plans.

5. Review all data that are currently collected and develop a method for including an analysis of that data in the continuous quality improvement process.
6. Develop outcomes and outcome measurements, in addition to the national CFSR standards and the outcomes developed for this report, which include all service areas.
7. Develop outcomes and outcome measures for the DCYF community-based provider network that will support New Hampshire CFSR efforts and initiatives.
8. Develop a method for monitoring and reporting on the case load size for individual CPSW staff.
9. Review the current CPSW supervisory responsibilities of District Office Supervisors and eliminate this responsibility whenever possible.
10. Hire at least four additional CPSW Coordinators.
11. Review the current training and professional development schedule to assure that all levels of staff have training opportunities and specific COA training requirements are included.
12. Review current case recording requirements to assure that all related COA standards are addressed and that practice is implemented consistently across all of the District Offices.
13. Review job descriptions and job qualifications and revise, as needed, to correspond with COA accreditation standards.
14. Review the job description and job qualifications for CPSW III staff to determine if this group of current or future staff is available to relieve the CPSW supervisory responsibility for District Supervisors.
15. Apply to COA for accreditation and negotiate a timetable that is realistic for the Division.

VI. APPENDIX

1. POSSIBLE COA TIMETABLE TO ACHIEVE ACCREDIATION

2. COUNCIL ON ACCREDITATION STANDARDS

   Administrative and Management

   - Ethical Practice, Rights and Responsibilities (G1)
   - Continuous Quality Improvement (G2)
   - Organizational Integrity (G3)
   - Management of Human Resources (G4)
   - Quality of the Service Environment (G5)
   - Financial Management (G6)
   - Training and Supervision (G7)
   - Intake, Assessment, and Service Planning (G8)
   - Service Delivery (G9)
   - Behavior Management (G10)
   - Administration and Risk Management (G11)

   Services

   - Case Management Services (S5)
   - Child Protective Services (S10)
   - Adoption Services (S14)
   - Family-Centered Casework Services (S20)
   - Foster and Kinship Care Services (S21)
   - Supported Community Living Services (S23)

1. POSSIBLE COA TIMETABLE TO ACHIEVE ACCREDIATION

New Hampshire Division for Children, Youth, and Families
Possible COA Time Table

Application sent to COA	**7/1/2004**
Financial letter sent by COA	**7/16/2004**
Accreditation Agreement sent by COA	**8/9/2004**
Accreditation Agreement sent by Organization	**9/10/2004**
Questionnaires & surveys distributed by Organization	**12/10/2004**
Self-study sent to COA	**4/8/2005**
COA selects Peer Review Team	**4/2005**
Organization's site visit occurs	**6/27-7/1/2005**
Review Team submits Preliminary Accreditation Report to COA, no later than	**7/8/2005**
Report processed by COA and sent to Organization	**8/8/2005**
Organization returns response, as needed, to COA	**9/19/2005**
COA processes response and places Organization on the agenda for the next Accreditation Commission	**12/2005**
COA formally notifies Organization of Commission decision	**12/2005**
Organization celebrates achieving accreditation	**12/2005**

New Hampshire Division for Children, Youth, and Families
Suggested Accreditation Action Plan Time Table

Work Group formed, members selected & self-assessment work begins	**3/2004**
Application sent to COA	**7/1/2004**
"Red Flag" standards identified	**8/2/2004**
Action Plan for addressing "red flag" standards developed	**9/3/2004**
First draft of self-study completed	**12/17/2004**
Second draft of self-study completed	**2/25/2005**
Final draft of self-study completed	**3/18/2005**
Self-study reproduced for distribution	**3/25/2005**
Self-study sent to COA and Peer reviewers	**4/8/2005**
Prepare for site visit	**4/8 – 6/26/2005**
Host Peer Review Team	**6/27 – 7/1/2005**

2. SUMMARIES OF COUNCIL ON ACCREDITATION STANDARDS

Administrative and Management

Ethical Practice, Rights, and Responsibilities (G1)

The organization informs all persons served of their rights and responsibilities, and provides sufficient information for them to make an informed choice about using its services. It defines its service population and the eligibility criteria for each of its services. The organization provides a culturally competent service environment and provides special protections for persons in out-of-home care. Information about persons served is confidential. Persons served have the right to access their case records, consistent with legal requirements and the organization's professional judgment as to the best interest of the persons served. When the organization participates in or permits research involving persons served, it exhibits due regard for the person's privacy and right to refuse to participate. Written procedures provide applicants and persons served with a formal mechanism for expressing and resolving complaints and grievances. Service delivery is characterized by integrity in decision-making, freedom of choice for persons served, and the priority of professional responsibilities over personal interests. In its daily operations the organization protects the health and safety of the persons and families it serves.

Continuous Quality Improvement (G2.)

The organization produces a written document describing its CQI process, including time frames and assignment of responsibility for specific tasks. Representatives from all stakeholder groups, including persons served, personnel from all levels of the organization, and other stakeholders, participate in the CQI process. The organization engages in organization-wide long-term planning, and each of the organization's programs or services annually conducts short-term planning in support of the organization's long-term plan. Evaluation of systems and procedures is completed and findings are used to improve performance. At least quarterly, case record reviews are conducted. Each of the organization's services measures outcomes and consumer satisfaction. Clear, accurate, and timely information regarding all aspects of the CQI process is provided to stakeholders. The organization maintains the information that is necessary to effectively plan, manage, and evaluate its programs and services, and takes continual action to improve services and promulgate solutions to the issues identified by its CQI activities.

Organizational Integrity (G3)

The organization has a written mission and defined purpose that defines how it supports and enhances the lives of the individuals, families, and groups in its community. The organization advocates in partnership with, and on behalf of, persons, groups, and families served, the public or community, and other stakeholders. Written evidence of the organization's source of operating authority is maintained. The governing body or designated authority exercises leadership through an effective and functional structure, and is responsible for adopting policies, guiding organizational development, overseeing financial management, and ensuring the organization's accountability to the public. The organization's governing body or designated authority effectively monitors and evaluates the chief executive officer. The chief executive officer is responsible for monitoring risks that may expose the organization to liability and that may

reveal unsatisfactory service. The governing body or designated authority conducts all financial duties related to its fiduciary role with integrity. The chief executive officer manages and oversees the organization's daily operations. The organization adheres to high standards of ethical conduct in governance and operations to ensure that governing body members, personnel, and/or consultants do not have or give the appearance of conflicts of interest and do not use their relationship with the organization for personal gain. An organization that seeks to raise funds by individual solicitation from the general public conducts those activities in an ethical and fiscally responsible manner. Foundations, not-for-profit corporations, for-profit subsidiaries, or holding companies ("separate legal entities") that are established on the organization's behalf take only those actions that are in the organization's and stakeholders' best interests.

Management of Human Resources (G4)

The organization organizes and deploys sufficient human resources to provide appropriate services and ensure optimal outcomes. The responsibilities of personnel and the organization are specified in written policies and procedures. Clear policies, procedures, and practices should actively promote a workplace that is free from unlawful harassment; personnel practices that are equitable, fair, and consistently applied; equal opportunity; and a workplace that is reflective of its community through, for example, practices that encourage the hiring of personnel from diverse backgrounds. Recruitment and selection procedures and practices meet the human resources needs identified in the organization's planning process, and the organization's recruitment and selection procedures aim to select the most qualified applicants and minimize risk of arbitrary or discriminatory treatment of applicants. Retention of culturally competent, strengths-oriented personnel who possess an understanding of the communities served is promoted. The organization ensures that persons who are retained to carry out leadership and supervisory functions are qualified for the roles they assume. An organization that uses volunteers screens and effectively deploys them to augment its ability to serve the community. Records are maintained for all personnel, and personnel are held accountable for their work performance. An environment is created and maintained that encourages full participation of personnel in meeting quality and operational performance goals, and provides professional and organizational growth opportunities. If team-delivered services are provided, the organization establishes role definitions and procedures for cooperative and efficient team work to support its personnel.

Quality of the Service Environment (G5)

The organization is housed, equipped, and maintained in a manner that facilitates service delivery and demonstrates respect for persons served. Services are accessible to the defined service population and personnel are in compliance with all applicable legal and regulatory requirements. Compliance with statutory requirements applicable to services and facilities is maintained. The organization's premises and equipment are safe and functional for use by persons served, personnel, and visitors. The organization is prepared to protect persons served, personnel, and facilities during emergency situations. The organization undertakes efforts to prevent and control contagious and infectious diseases. Additional health and safety residential facilities ensure environmental quality and an effective context for service delivery.

Financial Management (G6)

Stable and predictable sources of revenue are sought through diversified and balanced funding streams. The current fiscal cycle is planned for, and a financial information system provides data that support the calculation of service delivery costs against actual or potential revenues. The organization receives, disburses, and accounts for its funds according to sound financial practices and Generally Accepted Accounting Principles. Accountability to the governing body or designated authority, community, and, when applicable, regulatory bodies with regard to prudent fiscal management, is maintained. Controls to ensure proper accounting of payroll costs are in place.

Training and Supervision (G7)

All new personnel are oriented to the mission, objectives, policies, services, and resources of the organization. A training program is provided or arranged that: enables personnel to enhance their knowledge, skills, and abilities; ensures that personnel are appropriately trained to assume their responsibilities; and promotes awareness of and sensitivity to cultural backgrounds and needs. A personnel development and training program ensures that direct service personnel and immediate supervisors implement the organization's mission and are competent in service provision. Training will be provided for program personnel on risk management strategies to protect themselves, persons served, and the organization. Professional responsibility will be assumed by the organization for the quality of work performed by individual personnel, and the organization will ensure that supervisors effectively manage and support personnel.

Intake, Assessment, and Service Planning (G8)

All applicants for services are promptly and responsively screened. All persons and families served receive an intake assessment, a basic assessment, or a comprehensive psychosocial assessment according to their needs and the services provided. Additional assessments will be conducted as necessary to better serve persons and families with special needs. A written service plan is developed in a timely manner for each person, family, or group served, that is based on the assessment's findings and involves to the fullest extent possible the participation of the person, family, or group served. Service planning includes and involves family members and significant others when the person served makes such a request, or if the person served is a minor or is under the care of a legal guardian. The most appropriate and least restrictive or intrusive service alternative to the person or family served will be provided or recommended by the organization. Service planning for persons with special needs will further their personal goals. When greater social inclusion is a service goal for specific individuals, the organization helps the person with special needs to build and maintain natural support systems and to exercise his/her rights and privileges as a full member of the community.

Service Delivery (G9)

Persons and families fully participate in service delivery and are fully informed about service options, setting and modifying service goals, and making decisions about the services they receive. The organization uses service modalities and interventions that are accepted within the field. If medication is dispensed or administered,

appropriate controls exist to ensure safety. The need for service continuity and the coordination of services is addressed. Case records are maintained for each person, family, or group served and the records contain information necessary to provide appropriate services, protect the organization, and comply with legal requirements. Case supervision occurs at least quarterly to evaluate service plan implementation and the appropriateness of services. The organization ensures that termination of service, whether voluntary or involuntary, is an orderly process. The organization identifies when aftercare services are needed or desired and formulates a plan with the persons or families served to meet their needs. The organization follows up, as appropriate. The organization supports community approaches to addressing community problems, as appropriate to its size, expertise, and mission. An educational plan is developed for each child or youth and is coordinated in a manner that maximizes the impact on his/her educational and treatment goals. On-grounds educational programs meet the specific requirements of this section. In making group assignments, the organization considers the needs of all residents for an environment that is orderly, peaceful, and respectful. The organization evaluates the ability of persons served to participate in program activities, including recreational and athletic activities, and obtains appropriate releases.

Behavior Management (G10)

The rights and dignity of persons served are respected by the organization when employing behavior management interventions. Organizations employing restrictive behavior management interventions do so in compliance with all applicable legal requirements and under the oversight of its governing body or designated authority. All personnel receive appropriate training in the organization's behavior management practices. Organizations whose polices permit the use of isolation, manual restraint, locked seclusion, and/or mechanical restraint comply with the requirements of this section.

Administration and Risk Management (G11)

Exposure to risks are identified and reduced through prevention and risk reduction activities in order to avoid potential loss and liability. The organization acts in accordance with all relevant legal authority, and all information is safely and securely maintained. Media relations are conducted in a manner that accurately conveys information and protects the privacy of persons served. When collaborating with other organizations to deliver services to persons or families, a written service agreement specifies the responsibilities of each organization or party. The organization that engages in contractual agreements as a purchaser or vendor of services complies with applicable standards. When contracting with providers for a component or an array of services, the organization carries out the contracting process according to established procedures and with due regard for standards of best practice. Social and human services purchased from other organizations or providers are monitored and evaluated. An organization that invests funds has controls to ensure the proper management of investments.

Selected Services

Case Management (S5)

Case Management Services help persons and families achieve or maintain optimum social, psychological, and physical functioning by planning, securing, coordination, and monitoring services from different organizations and personnel on behalf of those served.

Child Protective Services (S10)

Child Protective Services provide, under statutory authority, protective interventions for children whose parents or legal guardians do not provide the care and protection needed for normal physical and emotional development, and help parents or legal guardians fulfill their parental roles.

Adoption Services (S14)

Adoption Services are designed to provide:

- caring relationships in an adoptive family to children who are, or expected to be, legally free for adoption and whose birth parents are unwilling or unable to appropriately care for them; and,
- a coordinated set of services for the child, the child's birth parents, and adoptive applicants.

Family-Centered Casework (S20)

Family-Centered Casework strengthens and preserves families by providing a service for a limited length of time using flexible service modalities that are determined by the family's strengths and needs and are designed to:

- create a safe, stable, and nurturing family environment in which children can grow and develop;
- promote the safety and well-being of children, family members, and the community;
- maintain and build upon primary family connections;
- help parents improve their parenting skills, identify parental strengths, and support parental efforts to care for their children;
- improve individual and family functioning within the context of his/her and their culture and community;
- prevent, reduce, or eliminate behaviors, institutional practices, and community conditions that may place a child, family, or community at risk;
- prevent unnecessary out-of-home care and/or hospitalization of a child; and
- institute individualized service approaches regarding length and availability of service matched to the urgency of family issues.

Foster and Kinship Care Services (S21)

Family Foster Care and Formal Kinship Care services help children whose biological parents cannot care for them, by providing a planned period of care by certified or licensed foster parents or kinship caregivers and by planning for reunification or placement in another permanent living arrangement.

Informal Kinship Care Services support those families providing full-time nurturing and protection of children with whom they have a kinship bond.

Supported Community Living Services (S23)

Independent Living for Youth Services serve older adolescents who have been separated from their homes and disconnected from long-term family relationships and who need skills to lead self-sufficient, healthy, productive, and responsible adult lives.